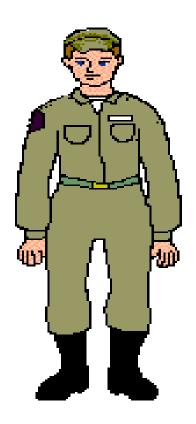


# **Armed Forces College of Medicine AFCM**







# The Knee Joint By Prof Azza Kamal



# ILOs:



- By the end of this lecture, the student will be able to:
- Mention the type of knee joint.
- Identify the articulating surfaces.
- Describe joint capsule, ligaments, menisci, synovial membrane & correlate their clinical significance.
- Mention movements of the knee joint & predict muscle groups producing them.
- List nerves & vessels supplying knee for a light in the light in the

Describe factors stabilizing the knee

#### **KEY POINTS OF LECTURE**

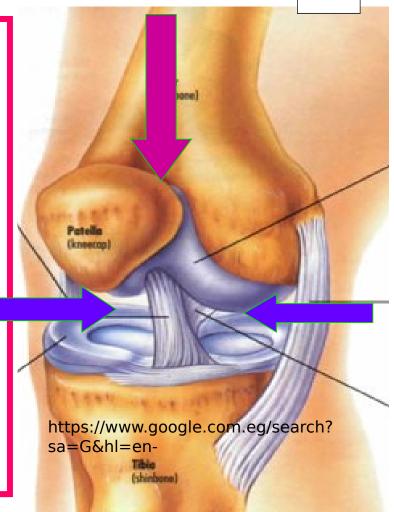
#### **KNEE JOINT:**

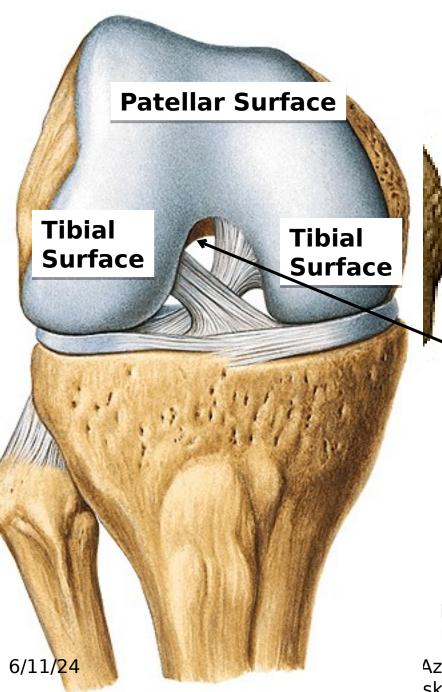
- 1)Type
- 2) Articulating surfaces
- 3) Capsules & ligaments
- 4) Menisci & synovial membranes
- 5)Movements
- 6)Nerves & vessels
- 7) Stabilizing factors

# The Knee Joint



- Type :
- Synovial bicondylar
- Modified hinge synovial joint
- Compound joint:3 bones
- 1. femoro patellar
- 2. femoro-tibial





# Articular surface of femur

Intercondylar notch



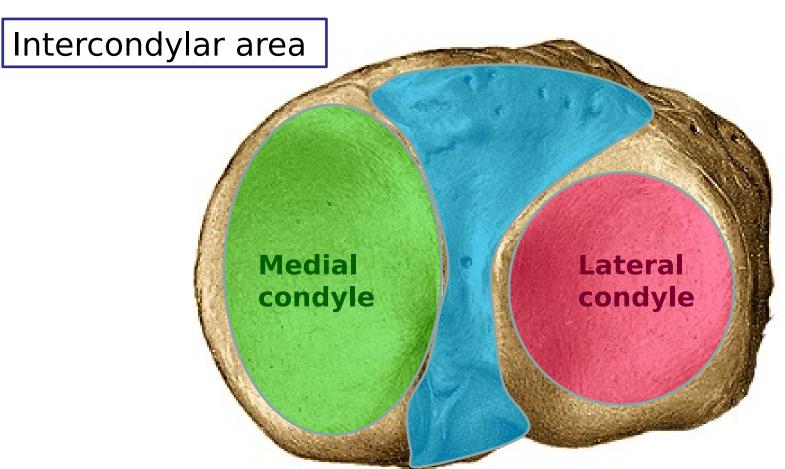
https://www.google.com.eg/search?hl=en-EG&q=lig+transversum+genus&tbm

Azza Kamal/ skeletal &

Integumentary System

### **Articular surface of tibia**



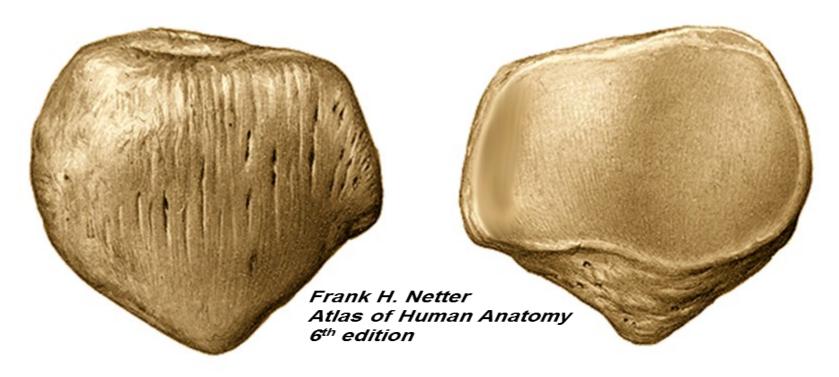


Protessor Azza Kamal/ Musculoskeletal &

Frank H. Netter Atlas of Human Anatomy 6<sup>th</sup> edition



# Patella articular surface of patella posterior surface



Integumentary System

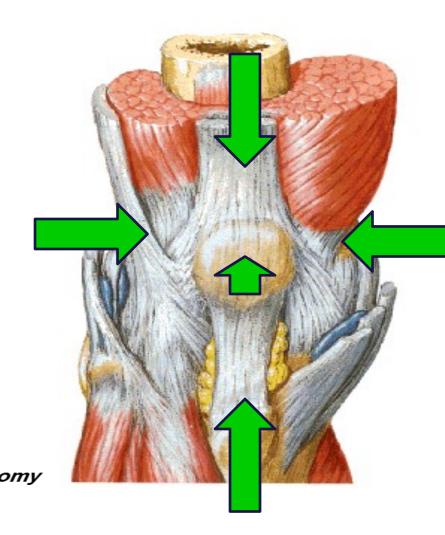
Anterior view rofessor Azza Kamal/ Musculoskeletal &

Posterior view

## The fibrous capsule

 Anteriorly the capsule is absent & is replaced by quadriceps tendon, patella, ligamentum patellae & patellar retinacula Frank H. Netter Atlas of Human Anatomy

6th edition



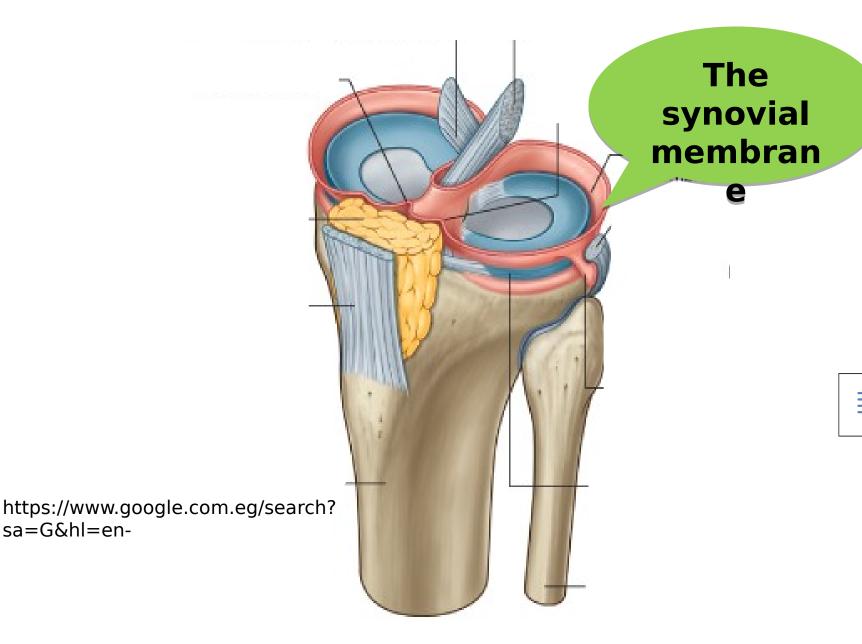
life Sylluvial

- More extensive than any other joint due to large size & complexity of knee joint
- Lines the inner surface of capsule & covers everything inside the joint except the articulating surfaces
- Extends deep to quadriceps tendon forming suprapatellar bursa



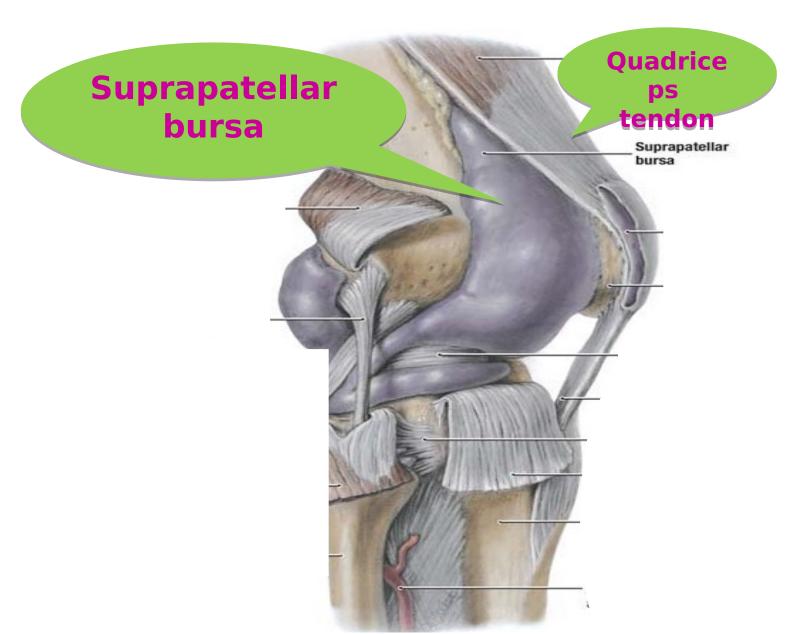
\*\*\*Reflected to cover both menisci

Integumentary System



6/11/24

Professor Azza Kamal/ Musculoskeletal & Integumentary System





https://lh3.googleusercontent.com/MRSYAYdLz2FYdbk9Fvkv1

Professor Azza Kamal/ Musculoskeletal & Integumentary System

# Ligaments of knee joint Very Important

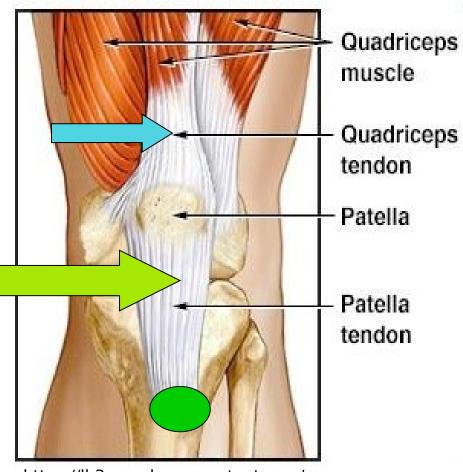
Extracapsular ligaments	Intracapsular ligaments
Ligamentum patellae	Anterior cruciate
Tibial (Medial) collateral ligament	Posterior cruciate
Fibular (Lateral) collateral ligament	Transverse ligament of the knee joint
Posterior obliquessor Azza Kamal/ Musculoskeletal &	

Integumentary System

liaamant

## **Extracapsular ligaments**

- Ligamentum patellae:
- Extension of quadriceps tendon to insert into tibial tuberosity



https://lh3.googleusercontent.com/ CEEwl3

Professor Azza Kamal/ Musculoskeletal & Integumentary System

## Tibial collateral ligament

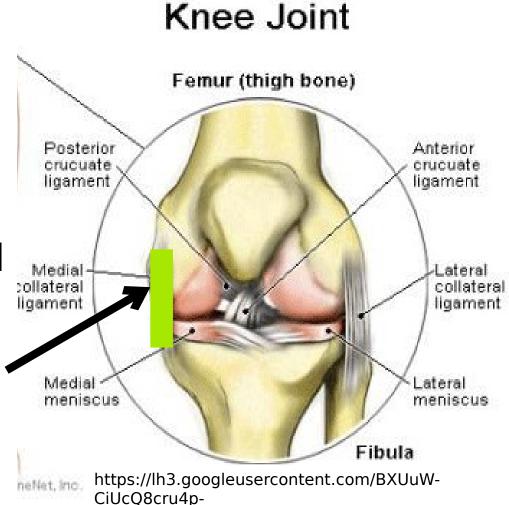
Professor Azza Kamai/

Musculoskeletal &

 Lies on medial aspect of knee joint

 It is firmly adherent to the capsule & medial meniscus



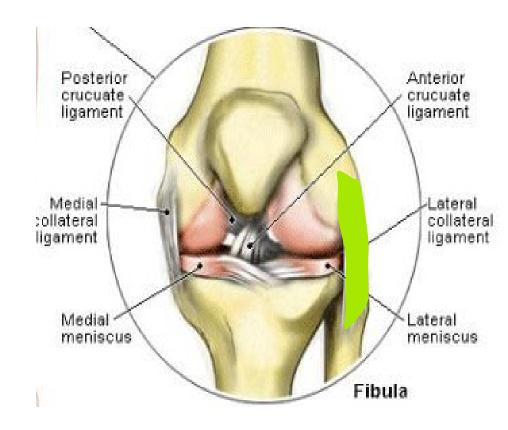


6/11/24

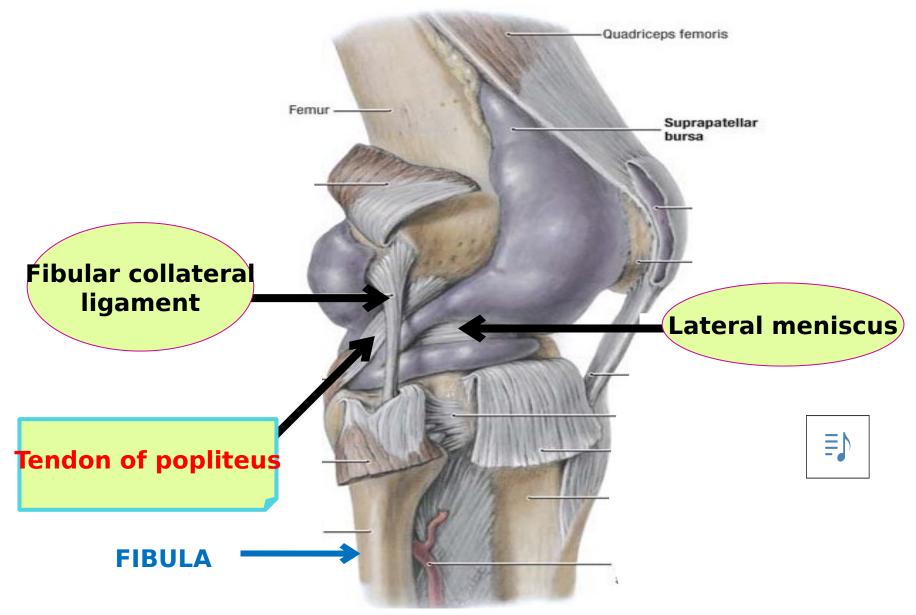
# Fibular collateral ligament

Lies on lateral aspect of knee joint

 It is not adherent to capsule or lateral meniscus but is separated from them by tendon compopliteus



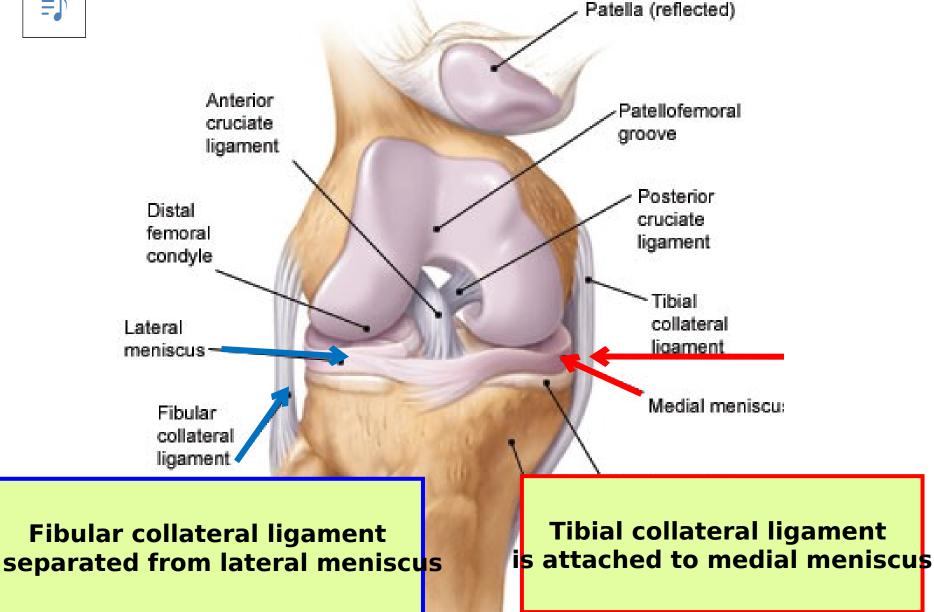
https://lh3.googleusercontent.com/BXUuW-CiUcQ8cru4p-



https://lh3.googleusercontent.com/MRSYAYdLz2FYdbk9Fvkv1

Professor Azza Kamal/ Musculoskeletal & Integumentary System





https://lh3.googleusercontent.com/Z9AMMYa3lOpsUzl6Xo-

## The posterior oblique

ligament



Oblique popliteal ligament



Posterior views

https://lh3.googleusercontent.com/Cpl6\_cN-boLlolwWtxuA16BgFR-

Professor Azza Kamal/ Musculoskeletal &

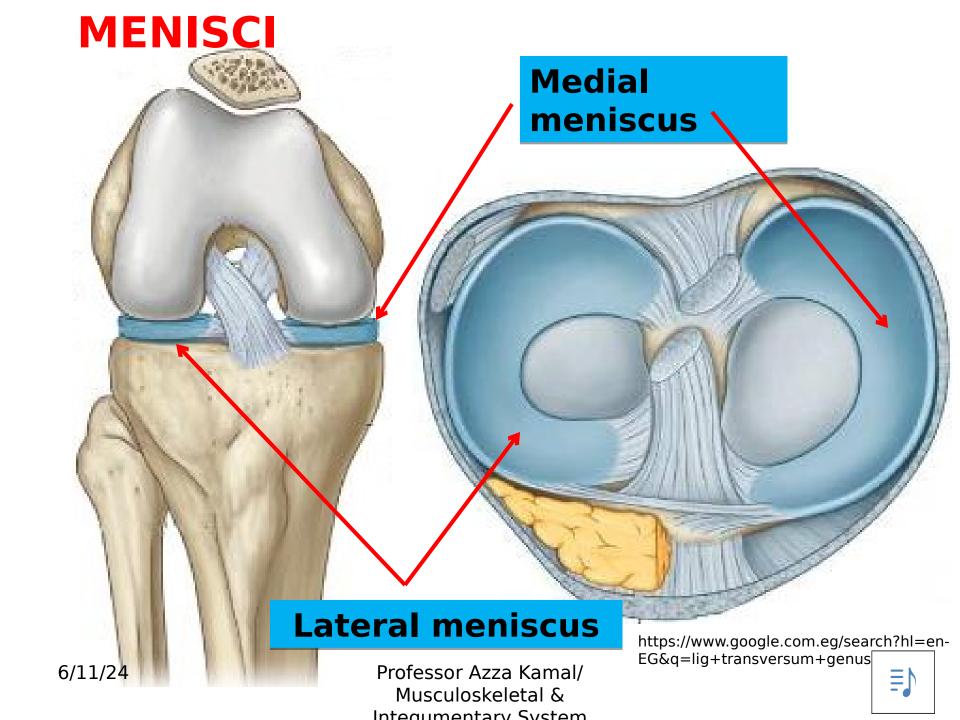
## Intracapsular ligaments

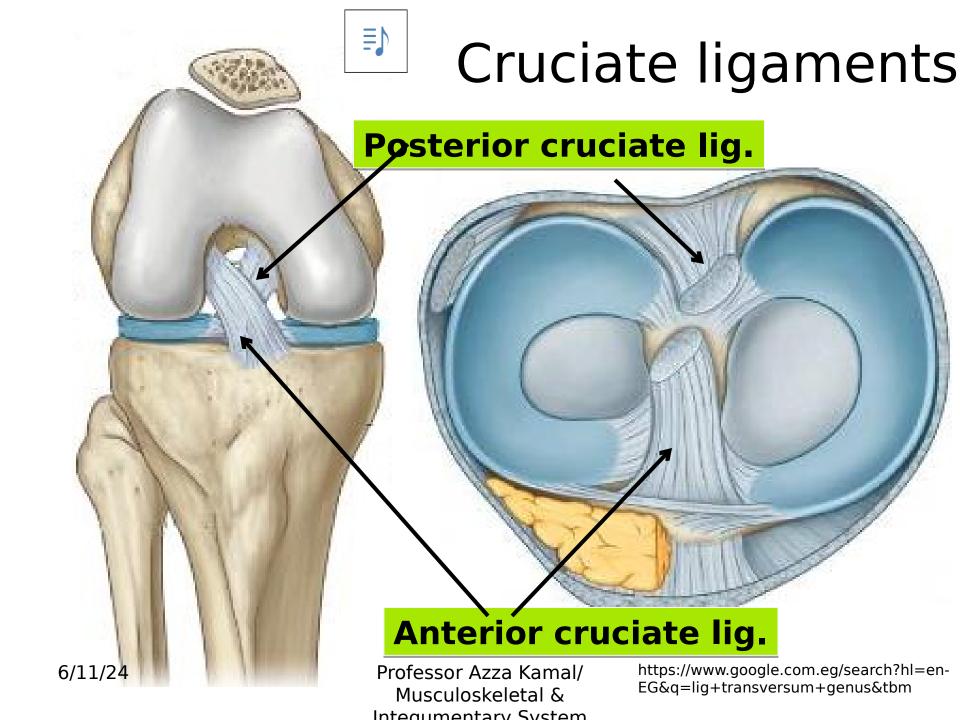
- The cruciate ligaments:
- They are 2 ligaments anterior & posterior cruciate ligaments which form an X shaped figure in the intercondylar notch.
- Very strong ligaments which connect intercondylar area of tibia with intercondylar notch



6/11**femur** 

Professor Azza Kamal/ Musculoskeletal & Integumentary System

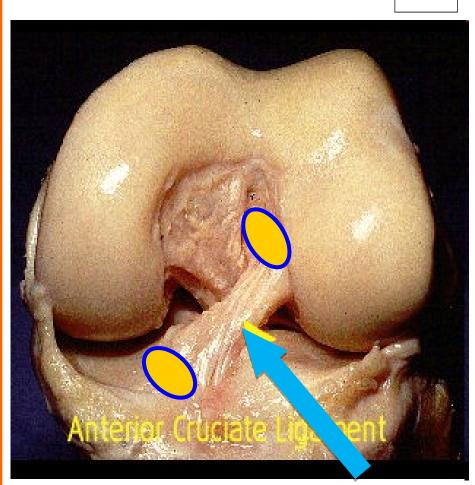




### Anterior cruciate ligament

- Attached to anterior intercondylar area of tibia behind anterior horn of medial meniscus
- Passes upwards, backwards & laterally to attach to lat. condyle of femur
- Becomes tense during extension of knee joint [

prevents
hyperextension
%f2knee joint



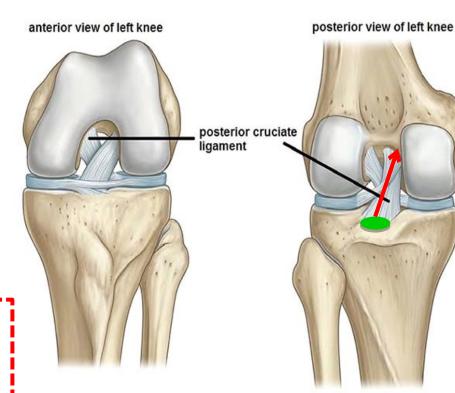
https://www.google.com.eg/search?
sa=G&hl=enProfessor Azza Kamal/

Musculoskeletal &

# Posterior cruciate ligament Attached to the most

- Attached to the most post, part of the post, intercondylar area of tibia behind post, horns of both menisci
- It extends upwards, forwards & medially to attach to medial condyle of femur
- It is stronger than ant. cruciate ligament
- It becomes tense during flexion of knee
- In the weight bearing flexed knee as in 6/11/14 down the Professor Azza Kamal/Musculoskeletal &

ctaire it is the malingumentary System





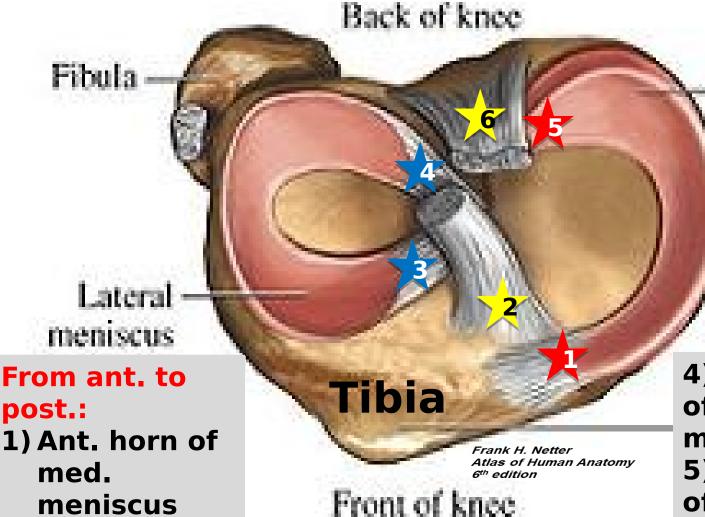


#### TIBIAL PLATEAU

Professor Azza Kamal/

Musculoskeletal &

Integumentary System



Medial meniscus

4) Post. horn of lat. meniscus

5) Post. horn of medial meniscus

6) Posterior cruciate

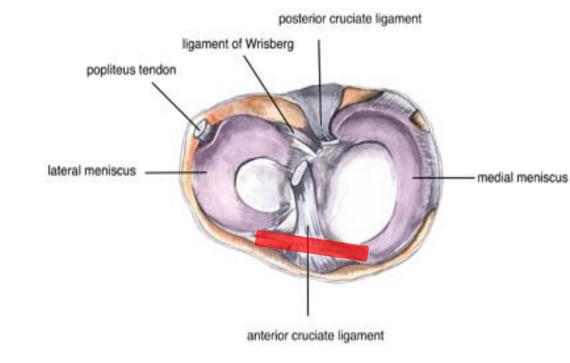
3) Ant. horn of

2) Ant. cruciate

## The transverse ligament

A thin ligament lying transverse y joining the anterior horns of both menisci





Professor Azza Kamal/ Musculoskeletal & Integumentary System Frank H. Netter Atlas of Human Anatomy 6<sup>th</sup> edition

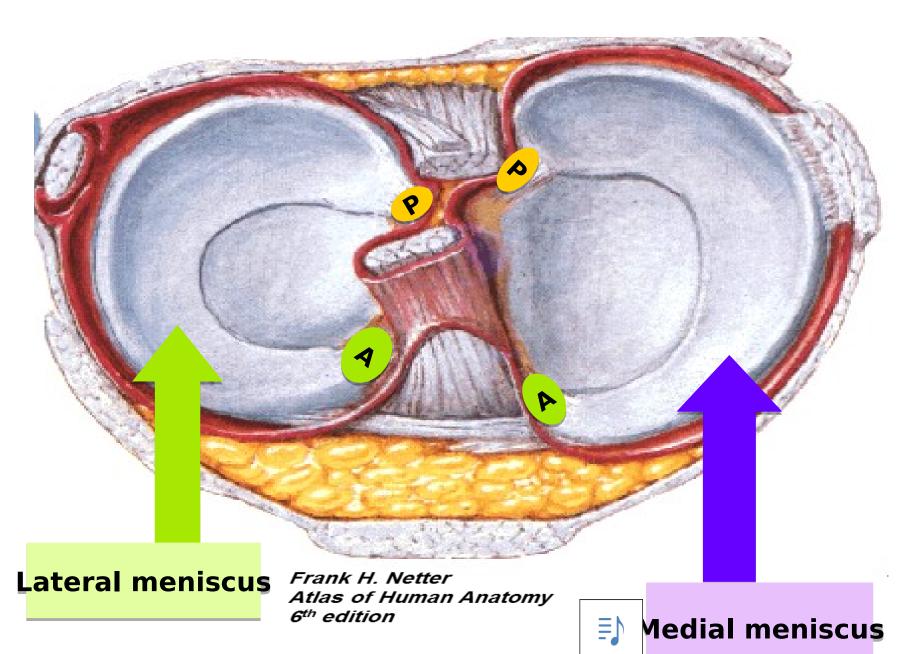
# Which of the following ligaments is separated from the capsule and meniscus by the tendon of popliteus muscle?

- A. Tibial collateral ligament
- B.Fibular collateral ligament
- C.Ligamentum patellae
- D.Anterior cruciate ligament
- E.Posterior cruciate ligament

#### The Menisci

- 2 -C shaped fibrocartilagenous plates which partly cover the articular surfaces of both tibial condyles.
- Each meniscus is attached to ant. intercondylar area by an ant. horn & to post. intercondylar area by a post. horn.
- The peripheral border of each meniscus is thick & gradually

6/11thins towards:sthek@enter



6/11/24

Professor Azza Kamal/ Musculoskeletal &

### Menisci

- Intracapsular & intrasynovial
- Lower surface is flat for tibial condyles
- Upper surface is concave for femoral condyles
  - Outer part of each meniscus is supplied by arteries, while inner part is avascular & so more liable to

capsule Synovial membrane

Frank H. Netter Atlas of Human Anatomy 6<sup>th</sup> edition



Professor Azza Kamal/ Musculoskeletal & Integumentary System



### **Functions of menisci**

Adapt femoral to tibial condyle



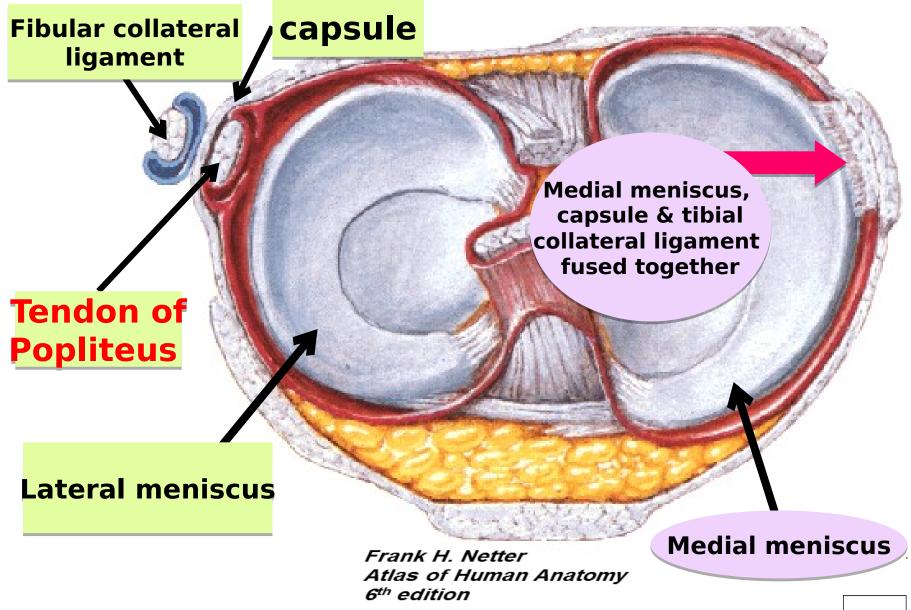
- Shock absorbers
- Lubricate articular surfaces with synovial fluid
- In flexion & extension of knee joint
   in menisci move with tibia
- In rotatory movements of knee, with the foot fixed on the ground
   ☐ menisci move with femur

### **Applied Anatomy**

- The tibial collateral ligament of the knee joint is adherent to the capsule & to the medial meniscus. This restricts the mobility of the medial meniscus.
- The lateral meniscus is not fixed to the capsule or the fibular collateral ligament but is separated from them by the tendon of popliteus; so it can adapt itself to sudden rotatory movements in the knee.
- This explains why

the medial meniscus is mor liable to injury than the

Marcyloskeletal &

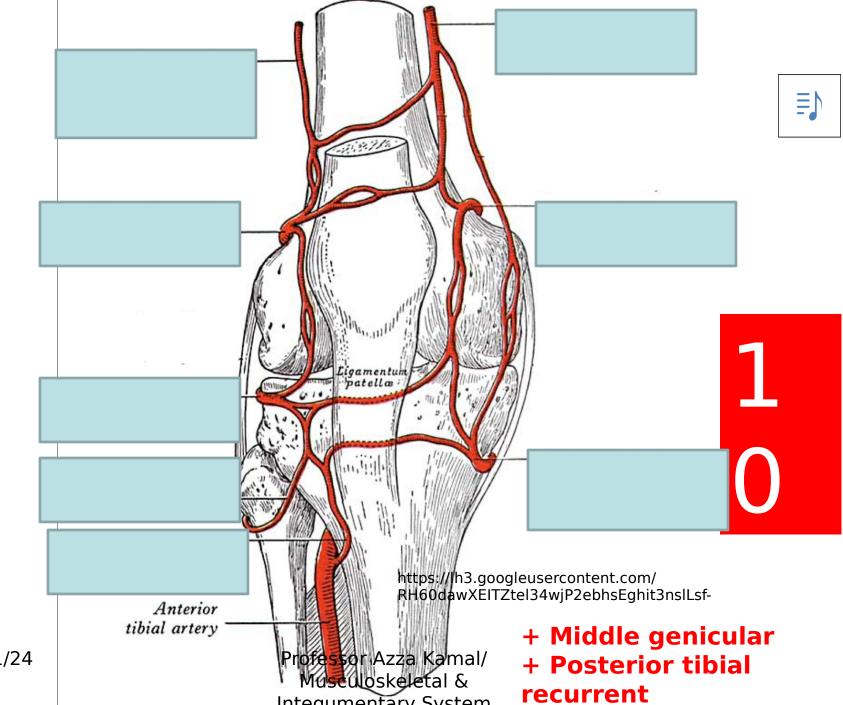


### **Arterial supply of knee joint**

- 10 arteries supply knee joint:
- 1. Descending genicular artery (of femoral)
- 2. Descending br. of lat. circumflex femoral



- 3. Superior medial genicular (of popliteal)
- 4. Inferior medial genicular (of popliteal)
- 5. Superior lateral genicular (of popliteal)
- 6. Inferior lateral genicular (of popliteal)
- 7/11/24 Middle genicular (of papiliteal)
- 8. Anterior tibial recurrent (of ant. tibial)



6/11/24

# Nerve supply of knee joint

- From all nerves which supply the lower limb:
- 1. Femoral nerve
- 2. Obturator nerve
- 3. Tibial nerve
- 4. Common peroneal nerve



## Movements of knee joint

1. Flexion

Muscles on the back of thigh

emius & plantaris)

- 2. Extensic Muscles on the front of thigh
- 3. Medial rotati semimembra

Muscles inserted into upper medial surface of tibia Muscle inserted into head of

4. Lateral rotation biceps femoris

# Locking and unlocking of the knee joint

- Locking of the knee is medial rotation of FEMUR on tibia at the end of extension .
- Unlocking of the knee is lateral the

beginning of flexion [] produc by popliteus

# Stability of the knee joint

- The knee joint is not Secure from the skeletal point of view as:
- 1- The femur and tibia are the longest bones in the body.
- 2- The articular surfaces are not well adapted to each other.

  Professor Azza Kamal/

Professor Azza Kamal/ Musculoskeletal & Integumentary System

# Stability of the knee joint



However, the knee joint is still considered one of the stable joints in the body due to:

1- Strong ligaments which connect the bones together:

**Cruciate** 

anteroposterior stability

**Collateral**  $\square$  side to side stability

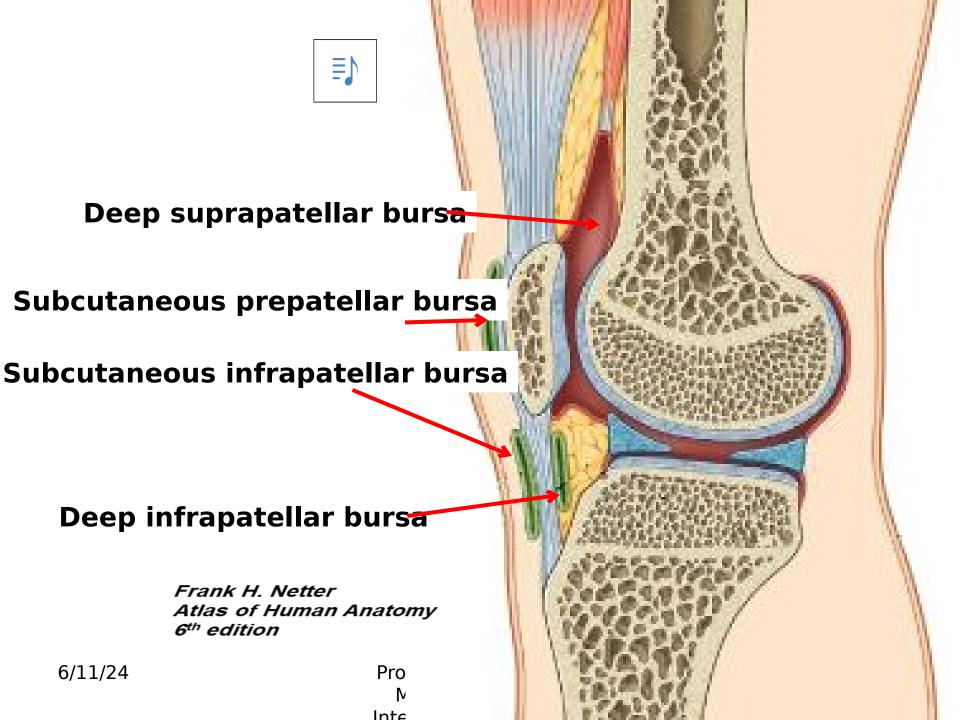
Iliotibial tract [] stability in slightly flexed knee

2- The powerful muscles which surround the joint especially the quadriceps anteriorly and the hamstrings posteriorly

# Bursae around the knee joint

 Bursae are pillows (pockets) of synovial membrane filled with lubricating synovial fluid. They facilitate movements and reduce friction between tendons of muscles and bones.

 Many bursae surround the knejoint.



# The following is most liable to injury due to a tough kick to the knee in a football match:

A.Capsule of knee joint

**B.Medial meniscus** 

C.Lateral meniscus

D.Ligamentum patellae

E.Iliotibial tract



# Thank



Clinical Anatomy by Sysyems Richard S.Snell

Pages : 406-414